


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90111 015 \*\*\*150.00

<b>DOCUMENT # P96000055469</b>	
1. Entity Name <b>FRED'S TENNIS CLASSICS, INC.</b>	

Principal Place of Business <b>539 NE 6TH AVENUE DELRAY BEACH FL 33483 US</b>	Mailing Address <b>539 NE 6TH AVENUE DELRAY BEACH FL 33483 US</b>
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2. Principal Place of Business - No P.O. Box # <b>500 B N.E. 5 AVENUE</b>	3. Mailing Address <b>500 N.E. 5 AVENUE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>B</b>

1st MOORE CR2E034 (10/06)

City & State <b>DELRAY BEACH, FL</b>	City & State <b>DELRAY BEACH, FL</b>
Zip <b>33483</b>	Zip <b>33483</b>
Country <b>PALESTINE</b>	Country <b>PALESTINE</b>

4. FEI Number <b>65-0687955</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>HORENBURGER, FREDERICK C 510 NO SWINTON AVENUE DELRAY BEACH FL 33444</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>P HORENBURGER, FREDERICK C 510 N SWINTON AVE DELRAY BCH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mark C. Jones* **2/3/07** **561-243-8866**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #